

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME John Cruz		SSAN OR EMPLOYEE NUMBER		DEPARTMENT	
POSITION Appointments Secretary		CB/D NUMBER	DIVISION OR BUREAU		INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 1350 Front Street, Suite 6054		TELEPHONE NUMBER	
CITY San Diego	STATE California	ZIP 92101			

MONTH/YEAR 4/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
4.20.10	3:00PM	OC to SAC	134.93				164.70		37.00		0.00	336.63	
4.21.10	All Day	SAC	134.93		6.79		6.00	164.70			0.00	312.42	
4.22.10	7:00PM	SAC to OC			6.48		6.00		85.67		0.00	98.15	
											0.00	0.00	
4.27.10	7:00AM	OC to SAC	120.65		8.20	18.00	164.70		36.96		0.00	348.51	
4.28.10	All Day	SAC	120.65		9.25		6.00	164.70			0.00	300.60	
4.29.10	5:00PM	SAC to OC					6.00		85.01		0.00	91.01	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
SUBTOTALS			511.16	0.00	30.72	18.00	24.00	658.80	0.00	244.64	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$1,487.32	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

4.20.10 - 4.22.10 - Appointments sign time with GAS, meetings/interviews with staff & stakeholders.

4.27.10 - 4.29.10 - Interview potential appointees, meeting(s) with GAS & staff, speaking engagement.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241006

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CL	DATE 4/30/10	SIGNATURE	MENT	DATE 5/4/10
SIGNATURE OF TITLE OF AUTHORITY FOR		IAL EXPENSES		DATE